MIDDLE TENNESSEE STATE UNIVERSITY

# Middle Tennessee State University
# Claim for Travel Expenses

TA# _____

For period from _____ to _____

Index Code: _____

**This claim must be prepared in accordance with MTSU travel regulations. TYPE OR PREPARE IN INK.**

| DATE | PLACE LEFT | TIME LEFT AM/PM | PLACE ARRIVED | TIME ARRIVED AM/PM | TRANSPORTATION | | | | SUBSISTENCE | | OTHER EXPENSES | | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | MILES | MILEAGE AMOUNT | AIRLINE/ OTHER | TAXI OR RENTAL CAR | LODGING | MEALS | PARKING | REGIS-TRATION | OTHER | | |
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**Type or print complete HOME ADDRESS**

**Name** _____

**MTSU ID** _____

**Address** _____

_____

_____

**U.S. Citizen:** ❑ Yes ❑ No

**If no, list country of citizenship** _____

**TOTALS**

**Additional explanation** _____

| | | |
|---|---|---|
| | **Gross Total** | **$** |
| | **Less Temp. Travel Advance** | **[** |
| **I certify that this claim is true and correct.** | **Amt. due claimant** | **$** |
| | **Amt. due MTSU** | **$** |
| **Signature** | **Position** | |
| **Official Station** | **Date** | |
| **Approved** | **Date** | |

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